

# CITY OF ELK RIVER SAFETY COMMITTEE ACCIDENT REVIEW SUMMARY FORM

<b>NAME</b> (this will <b>not</b> be given to Safety Committee):	<b>DEPARTMENT:</b> Finance/Liquor
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## **ACCIDENT INFORMATION**

<b>DATE (OF ACCIDENT):</b> 9/24/16	<b>TIME:</b> 10:15 a.m.
<b>LOCATION:</b> Northbound	<b>TYPE OF VEHICLE (IF INVOLVED):</b>
<b>INJURY? (YES OR NO)</b> Yes	<b>WORK COMP CLAIM FILED? (YES OR NO)</b> Yes
<b>PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)</b> No	
<b>NATURE OF ACCIDENT (be specific, include work activity at time of accident):</b> Employee was pulling wine. Felt a pull in right shoulder and warmth down the arm.	
<b>ENVIRONMENTAL FACTORS:</b> None	
<b>UNSAFE CONDITIONS:</b> None	
<b>ACTION TAKEN:</b> None	

<b>SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee):</b> The Safety Committee did not have any recommendations. ( <i>October 19, 2016 meeting</i> )
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